



Business/Public Entity Signature Card

Account Number 0731 <input type="checkbox"/> Multiple Accounts - Refer to Exhibit A		Entity <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Organization/Association <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Public Entity <input type="checkbox"/> Trust <input checked="" type="checkbox"/> LLC (Tax Classification: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership)	
Legal Title of Account AMERISTAR MK LTD LIABILITY COMPANY		Signature Card Purpose: <input type="checkbox"/> New Account Signature card (Complete Section A only) <input type="checkbox"/> Replacement Signature card (Complete Section A only) <input type="checkbox"/> Add Signer (Complete Section A & C) <input type="checkbox"/> Delete Signer (Complete Section B & C)	
Tax ID: [REDACTED]		Title for Legal owner of Tax ID: <u>AMERISTAR MK LTD LIABILITY COMPANY</u>	
Principal Business Address 1309 COFFEEN AVE STE 1200		City SHERIDAN	State WY
			ZIP 82801-5777
Statement Mailing Address 1041 APPLEJACK DR		City GIBSONIA	State PENNSYLVANIA
			ZIP 15044-9576

SECTION A: Add to Signer Account. This section must be completed when adding new Signers to an EXISTING or NEW account.				
Signer Name	Email Address (Required for all signers when document is digitally signed)	Social Security Number	US Citizen Y/N	Signature
FRED FREITAG		[REDACTED] 8435	Y	

SECTION B: Delete Signer from Account. This section must be completed when deleting one or more signers from an EXISTING account.		
Signer Name	Social Security Number	Deletion Date

SECTION C: Confirmation of Account Signers. This section must be completed when changing signers on an EXISTING account. This will be the complete list of signers on the above referenced account once all requested changes have been completed.		
Signer Name (Please print)	Signer Name (Please print)	Signer Name (Please print)

If this entity has additional Signers enter Signer's information on page 4 and check here ☐

If you are a sole proprietor and are using your individual social security number for the TIN on this account, you authorize KeyBank to obtain a consumer report on you. We may report information about the Account to a reporting agency.

Exhibit

36

exhibits.ticker.com

11. That this Certificate shall remain in full force and effect until written notice of amendment or rescission shall have been received by Bank, and that receipt of notice shall not affect action taken by the Bank prior to such receipt. That all previous authorizations for the signing and honoring of items are hereby ratified and continued in full force and effect. The Company agrees to indemnify and hold the Bank harmless from any and all claims, suits, judgments, losses, costs and expenses (including reasonable attorneys' fees) that Bank may incur as a result of the Bank continuing to act in pursuance of this Agreement.

IN WITNESS WHEREOF, Company has signed below by a duly authorized officer.

Signature:

Authorizing Officer

Date:

1-17-2024

Printed Name:

Fred W. Frey III

Title:

Owner

Authorized Officer and/or Authorized officer's signature above has been identified/verified by an authorized representative of bank:

Signature:

Manisha

Date:

1/17/2024

Bank Representative

Printed Name:

MANISHA MEHROTRA

Title:

Personal Banker

Notarization required if document is not signed in the presence of a Bank employee.

*State of

)

) ss.

County of

)

The foregoing instrument was acknowledged before me this, authorized signer,

day of

, 20__

by

Notary Public

My commission expires:

CitiDirect Check Image Delivery



- [Print](#) [Close Window](#)
- **Check Image Inquiry Results**

Account #	Check #	Amount	Paid Date	Sequence #
██████4212	██████████	\$307,702.39	03/26/2024	1100277929

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREACHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

OFFICIAL CHECK

294 - Gibsonia
Gibsonia, Pennsylvania

Remitter **FRED FREITAG**

Date 03/25/2024 62-20
311

Pay To The Order Of **AMERISTAR MK LTD LIABILITY COMPANY**

\$ **307,702.39** ***

Pay: **THREE HUNDRED SEVEN THOUSAND
SEVEN HUNDRED TWO DOLLARS AND 39 CENTS**

Drawn: KeyBank

Issued by: Citibank N.A. One Penn's Way, New Castle, DE 19720
For information about this instrument, call: 1-888-556-5142

Virell

AUTHORIZED SIGNATURE

20240325

Checking Account Details

Account Functions... ▾

KeyBank Basic Business Checking

0731

Beginning Balance, as of 03/27/2024 ?	0.00
Pending Activity Total ?	0.00
Holds ?	0.00
Available Balance ?	0.00
Overdraft Protection Available	NO
Standard Overdraft Services Consent ?	N/A
Last Interest / Dividend Payment, paid on 01/17/2024	0.00
Total Interest / Dividend Paid YTD, as of	0.00
Total Interest / Dividend Paid Last Year	0.00
LDO Promotion Expiration Date	

[Show Account Remarks](#)

Member FDIC

Note: Transaction Balance does not reflect your available balance and it should not be used when considering future transactions. The transaction balance is the balance after cleared activity has posted to your account. The displayed balance may not include pending activity.

Transactions

From (mm/dd/yyyy): 02/26/2024



GET MORE
TRANSACTIONS

To (mm/dd/yyyy): 03/27/2024



Legend	
<input type="checkbox"/>	Sort Ascending
<input type="checkbox"/>	Sort Descending
	View Cleared Check

Date	Description	Debit	Credit
No Pending Activity			

Date	Type	Description	Debit	Credit	Transaction Balance
Cleared Activity					
03/25/2024	Misc	CLOSE ACCOUNT	307,702.39		0.00
03/06/2024	Auto Deduct	DIRECT WITHDRAWAL WELLS FARGO IFI REVERSAL	100,000.00		307,702.39
03/06/2024	Auto Deduct	DIRECT WITHDRAWAL WELLS FARGO IFI REVERSAL	50,000.00		407,702.39
03/06/2024	Deposit	DIRECT DEPOSIT, AMERISTAR MK LLCE418AEB324		10,000.00	457,702.39